

June 23, 2003

MDR Tracking #:

M2-03-1072-01

IRO #:

5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Neurology. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was a 26-year-old Hispanic male who was injured on the job on ___. He was lifting a one-hundred-pound compressor and developed severe pain in his back that radiated into his buttock. He was seen by ___, a neurological surgeon, on March 31, 2003. He summarized in detail the pertinent records that had been present up until that time. ___ was evaluated at the time of his injury and was treated with physical therapy that included heat massage and ultrasound. He also had two lumbar epidural steroid injections in October of 2002. Also at that time he underwent an EMG study of his back and right lower extremities and also a lumbar MRI of both, which were completely normal. He had come to see ___ at this visit because he now started complaining of neck pain in his back, left buttock and left hip area and down the posterior side of his left leg to the ankle. These symptoms were not present at the time of his injury and they just developed prior to seeing ___. The examination at that visit showed him to have good range of motion of the lumbar spine, but straight leg raising was positive on the left at 45 degrees and on the right was normal. The detail, however, of his neurologic examination, including strength reflexes and sensation, were normal. ___ felt that ___ had a left lumbar radiculopathy that had recently developed and recommended diagnostic studies to include an EMG of the left lower extremity and back and CT scan reconstruction of the lumbar spine.

The patient was seen on September 19, 2002 by ___, at a chiropractic clinic. His examination showed tenderness at L5 and positive radicular pain from the lumbar spine out to the right leg. The treatment at that time was recommend that he should have epidural steroids and continue conservative care.

The MRI report of the lumbar spine that was done on September 11, 2002 showed very mild 3 mm disc bulges at L3/4 and L2/3 that were not localized to either side. The remainder of the review of records was mostly physical therapy notes and evaluation and treatment.

REQUESTED SERVICE

An EMG/NCV and lumbar CT with reconstruction is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer finds that this patient's ___ work-related injury was very thoroughly evaluated and treated. At that time the appropriate MRI scan of the lumbar spine and EMG were normal, and he was treated conservatively with physical therapy and had some epidural steroid injections.

This patient's new complaints that involve his back, left buttock and his leg with a normal neurologic examination (with exception for positive straight leg raising) suggests that the new symptoms may very well be musculoskeletal pain, and not really due to any definite radiculopathy. At this time in his evaluation, the reviewer does not recommend proceeding with an EMG or nerve conduction study or a CT scan of the lumbar spine, since the clinical findings of the patient at this time may be mostly musculoskeletal in nature.

The reviewer opines that the EMG and nerve conduction study, as well as the lumbar spine CT are not indicated at this time and would only consider these tests if the patient is treated conservatively for four to six weeks with appropriate physical therapy and anti-inflammatory medication. If he does not improve, or his symptoms worsen, then at that time he would be a candidate for further electrodiagnostic testing and imaging.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).